City of Bellmead

Unclaimed Property Claim Form For Original Owner

Mail Completed Form To:

City of Bellmead Finance Department Attention: Unclaimed Property 3015 Bellmead Dr. Bellmead, TX 76705

Instructions:

Claimant is required to provide the City with sufficient documentation to establish Claimant's right to receive unclaimed property. Submitting your Social Security Number (SSN) is optional but may be the only means of verifying your claim. To the extent permitted by law, your Social Security Number will be kept confidential. You must be 18 or older to claim property.

Failure to provide your identification, signature or completion of this claim form could result in the return of the form to you.

	Clair	nant Information	
Name:		Drivers License #: _	
Address:		Social Security #:	
		Date of Birth:	
Home Phone:		Claim Type:	Utility Collections
Work Phone:		_	Municipal Court Other
Email Address:		Claim Amount:	
1. Copy of Driver's Li	icense or other government issue	ed photo identification.	
2. Proof of Social Seconamed Claimant certific correct, and that upon parts	Claimant Ceres that this claim for property payment of this claim, Claimant	rtification and Signature resumed abandoned is valid will indemnify and hold har	and just, that all statements herein are remless the City of Bellmead and its office
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